## This space for binding National Transportation Safety Board NTSB ID: DCA88MA054 Aircraft Registration Number: N73711 FACTUAL REPORT Occurrence Date: 04/28/1988 Most Critical Injury: Fatal AVIATION Occurrence Type: Accident Investigated By: NTSB Location/Time Nearest City/Place Zip Code Local Time Time Zone State ΗΙ 96733 1346 HDT MAUI Distance From Landing Facility: 0 Direction From Airport: 0 Airport Proximity: Off Airport/Airstrip Aircraft Information Summary Aircraft Manufacturer Model/Series Type of Aircraft **BOEING** 737-297 Airplane Air Medical Transport Flight: No Sightseeing Flight: No Narrative Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: DCA88MA054

Occurrence Date: 04/28/1988

AVIATION		Occurrence Type: Accident												
Landing Facility/Approach In	formation													
Airport Name Airp			Airport II	D:		Airport Elevation Runv Ft. MSL 0		way Used Runway Lengt		h	Runw	ay Width		
Runway Surface Type:														
Runway Surface Condition:														
Type Instrument Approach: NONE	<u> </u>													
VFR Approach/Landing: Forced L	anding													
Aircraft Information														
Aircraft Manufacturer BOEING				odel/Se 3 <b>7-2</b> 9							erial Number 20209			
Airworthiness Certificate(s): Trans	sport		•											
Landing Gear Type: Retractable	- Tricycle													
Homebuilt Aircraft? No	Number of Seats:	Cer	rtified I	Max Gross W	100000 LBS Number			er of Engines: 2		2				
			Engine P&W	Engine Manufacturer: Model/Series: JT8D-9A								Rate	d Power:	
- Aircraft Inspection Information														
Type of Last Inspection			Date of	Date of Last Inspection Time Sin				nce Last Inspe	Airfrar	Airframe Total Time				
Continuous Airworthiness			04/1988				Hours				35496 Hours			
- Emergency Locator Transmitter (	ELT) Information													
ELT Installed?	ELT Operat	ed?		ELT Aided in Locating Accident Site?										
Owner/Operator Information														
Registered Aircraft Owner			Stre	eet Ad	dress									
ALOHA AIRLINES, INC.			City	City HONOLULU								е	Zip Code	
			Stre	HONOLULU Street Address										
Operator of Aircraft			Same as Reg'd Aircraft Owner											
Same as Reg'd Aircraft Owner			City	City							Stat	e	Zip Code	
Operator Does Business As:	·				Op	perator Desig	nator Co	de: TS	AA					
- Type of U.S. Certificate(s) Held:														
Air Carrier Operating Certificate(s)	: Flag Carrier/Don	nestic												
Operating Certificate:					Operator C	ertific	ate:							
Regulation Flight Conducted Unde	r: Part 121: Air Ca	arrier												
Type of Flight Operation Conducted	d: Scheduled; Do	mestic;	; Passer	nger C	Only									
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National Transportation Safety Board

FACTUAL REPORT

AVIATION

NTSB ID: DCA88MA054

Occurrence Date: 04/28/1988

Certificate(s): Airline Transport  Airplane Rating(s): Multi-engine Land; Single-engine Land Rotorcraft/Glider/LTA: None  Instrument Rating(s): Airplane  Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes Current Biennial Flight Review?  Medical Cert.: Class 1 Medical Cert. Status: Valid Medicalno waivers/lim. Date of Last Medical Exam: 11/1987  - Flight Time Matrix Air Accident/Incident Aircraft? Wes Single Engine Multi-Engine Night Accident Simulated Rotorcust Glider Lighter Then Air This Male Single Engine Multi-Engine Night Accident Simulated Rotorcust Glider Lighter Then Air Then Ai	AVIATION			Occurren	Occurrence Type: Accident										
On File Sex: M Seat Occupied: Left Principal Profession: Civilian Pilot Certificate Number: On File Certificate (s): Airline Transport  Airplane Rating(s): Multi-engine Land; Single-engine Land Rotocraft/Gilder/LTA: None  Instrument Rating(s): Airplane Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes Current Biennial Flight Review?  Medical Cert. Class 1 Medical Cert. Status: Valid Medical—no waivers/lim. Date of Last Medical Exam: 11/1987  Flight Time Matrix None Soon 6700 Date of Last Medical Exam: 11/1987  Total Time Soon 90% 107 107 More Soon 107 More Soon 107 More Soon 107 107 More Soon 107 Mo	First Pilot	Information								'					
Sox: M Seat Occupied: Left Principal Profession: Civilian Pilot Certificate Number: On File  Certificate(s): Airline Transport  Airplane Rating(s): Multi-engine Land; Single-engine Land  Rotorcraft/Gilder/LTA: None  Instructor Rating(s): Airplane  Instructor Rating(s): Airplane  Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes Current Biennial Flight Review?  Medical Cert: Class 1 Medical Cert. Status: Valid Medical-no waivers/Im. Date of Last Medical Exam: 11/1987  - Flight Time Matrix AIAO Review Base Solos Groot Base Solos Base Base Solos Base Base Solos Base Base Base Solos Base Base Base Base Base Base Base Bas							City					State		Date of Birth	Age
Certificate(s): Airfline Transport  Airplane Rating(s): Multi-engine Land; Single-engine Land  Rotocraft/Gilder/LTA: None  Instructor Rating(s): Airplane  Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes  Current Biennial Flight Review?  Medical Cert: Class 1  Medical Cert: Status: Valid Medicalno waivers/lim.  Plight Time Matrix  AINC  B850  6700  Flight Review?  Airplane  B850  6700  B101  B102  B1	On File													On File	42
Airplane Rating(s): Multi-engine Land; Single-engine Land Rotorcard/Cilder/LTA: None Instrument Rating(s): Airplane Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes  Medical Cert.: Class 1 Medical Cert. Status: Valid Medicalno waivers/lim. Date of Last Medical Exam: 11/1987  Flight Time Matrix  Africo State Solo 6700 Second Pilot? Yes  Total Time Solo 98 107 107 Second Pilot Solo 98 107 107 Second Pilot? Yes  Flight Plan/Itinerary Type of Flight Plan Filed: IFR  Departure Point HILD  HILD  Destination  Solate Class E  Weather Information  Source of Briefing:  National Weather Service  Method of Briefing:  National Weather Service  Method of Briefing:  National Weather Service	Sex: M	Seat Occupied:	Left	Prir	ncipal Profes	sion: Civilia	n Pilot				Cer	tificat	e Numb	er: On File	
Rotorcraft/Glider/LTA: None Instrument Rating(s): Airplane Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes   Current Biennial Flight Review?  Medical Cert: Class 1   Medical Cert. Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  -Flight Time Matrix   Alan   Trus Nata   Argunia	Certificate(s	s): Airlin	ne Transpor	t											
Instructor Rating(s): Airplane Instructor Rating(s): None  Type Rating/Endorsement for Accident/Incident Aircraft? Yes   Current Biennial Flight Review?  Medical Cert.: Class 1   Medical Cert. Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Time Matrix   Al-AC   Tita Made Status: Valid Medical—no waivers/lim.   Date of Last Medical Exam: 11/1987  - Flight Plan	Airplane Ra	Airplane Rating(s): Multi-engine Land; Single-engine Land													
Type Rating/Endorsement for Accident/Incident Aircraft? Yes	Rotorcraft/C	Glider/LTA: None	Э												
Type Rating/Endorsement for Accident/Incident Aircraft? Yes    Current Biennial Flight Review?	Instrument	Rating(s): Airpl	ane												
Medical Cert.: Class 1 Medical Cert. Status: Valid Medicalno waivers/lim. Date of Last Medical Exam: 11/1987  Flight Time Matrix Al AC This Mode Sord Model Stripters Structure Str															
- Flight Time Matrix  Al AC  This Make and Model  Stripter  Stripter  Anjatane  Anjata	Type Rating	g/Endorsement fo	or Accident/In	cident Aircra	ft? Yes			С	urrent B	iennia	l Flight R	eview	v?		
- Flight Plan/Itinerary Type of Flight Plan Flied: IFR Departure Point HILO HILO Destination HONOLULU  Method of Briefing: National Weather Service  Method of Briefing: National Weather Service  Method of Briefing: National Weather Service	Medical Ce	rt.: Class 1	Medica	al Cert. Status	S: Valid Me	dicalno w	aivers/l	lim.		D	ate of La	st Me	edical Ex	am: 11/1987	
- Flight Plan/Itinerary Type of Flight Plan Flied: IFR Departure Point HILO HILO Destination HONOLULU  Method of Briefing: National Weather Service  Method of Briefing: National Weather Service  Method of Briefing: National Weather Service															
Pilot in Command(PIC)	- Flight Tim	light Time Metrix				Night		Actual			Rotorcraft		Glider		
Instructor Last 90 Days 107 107 Last 30 Days 41 41 Last 24 Hours 4 4 4 Seatbelt Used? Yes Shoulder Harness Used? Yes Toxicology Performed? No Second Pilot? Yes  Flight Plan/Itinerary Type of Flight Plan Filed: IFR Departure Point HILO HI ITO 1325 HDT  Destination HONOLULU Type of Clearance: IFR Type of Airspace: Class E  Weather Information Source of Briefing: National Weather Service  Method of Briefing:	Total Time 8500 6700		6700												
Last 90 Days         107         107         Image: Control of the control	Pilot In Con	nmand(PIC)		400								$\perp$			
Last 30 Days 41 41 41							-			_		$\perp$			
Seatbelt Used? Yes  Shoulder Harness Used? Yes  Toxicology Performed? No  Second Pilot? Yes  Flight Plan/Itinerary  Type of Flight Plan Filed: IFR  Departure Point  HILO  Bestination  HONOLULU  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing:  National Weather Service							1			_		+			
Seatbelt Used? Yes Shoulder Harness Used? Yes Toxicology Performed? No Second Pilot? Yes  Flight Plan/Itinerary  Type of Flight Plan Filed: IFR  Departure Point State Airport Identifier HI ITO 1325 HDT  Destination HONOLULU State Airport Identifier HNL  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service  Method of Briefing:										$\dashv$		+		_	
Flight Plan/Itinerary Type of Flight Plan Filed: IFR  Departure Point State Airport Identifier Departure Time Time Zone HILO HI ITO 1325 HDT  Destination State Airport Identifier HNL  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service					Hood? Voo	<u> </u>	1	Toxico	ology Pe	rforme	ad2 Na		l <sub>So</sub>	cond Pilot? Vo	
Type of Flight Plan Filed: IFR  Departure Point  HILO  HI ITO 1325  HDT  Destination  HONOLULU  State Airport Identifier HONOLULU  State Airport Identifier HONOLULU  State Airport Identifier HONOLULU  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing:  National Weather Service  Method of Briefing:	Sealbeil US	eur 162	51100	nder Harriess	Usea? Yes	i		TOXICC	Diogy Fe	HOHHE	eu: NO		36	CONG FILOT: YE	S
Type of Flight Plan Filed: IFR  Departure Point  HILO  HI ITO 1325  HDT  Destination  HONOLULU  State Airport Identifier HONOLULU  State Airport Identifier HONOLULU  State Airport Identifier HONOLULU  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing:  National Weather Service  Method of Briefing:	Elight Pla	n/Itinorary													
Departure Point HILO HI ITO 1325 HDT  Destination HONOLULU  State Airport Identifier HONOLULU  State Airport Identifier HINL  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service															
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HONOLULU  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service  Method of Briefing:	HILO										i identine	'		ure rime	
HONOLULU  Type of Clearance: IFR  Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service  Method of Briefing:	Destination							State Aires		Δirnort	irport Identifier				
Type of Airspace: Class E  Weather Information  Source of Briefing: National Weather Service  Method of Briefing:										i identine	'				
Weather Information  Source of Briefing:  National Weather Service  Method of Briefing:	Type of Cle	arance: IFR													
Source of Briefing:  National Weather Service  Method of Briefing:	Type of Airs	space: Class I	E												
National Weather Service  Method of Briefing:	Weather	Information													
FACTUAL REPORT - AVIATION Page 3	Method of I	Briefing:													
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National Transportation Safety Board FACTUAL REPORT

NTSB ID: DCA88MA054

Occurrence Date: 04/28/1988

AYJAHOM			Oc	Occurrence Type: Accident										
Weather Information														
WOF ID	Observation Time	Time Zone	WOF	NOF Elevation			WOF Distance From Accid				Direction From Accident Site			
	0000			0 Ft.	MSL				0 NM		0 Deg. Mag.		. Mag.	
Sky/Lowes	st Cloud Condition: Sca	ittered				2	2000 Ft. AG	L	Condition of Light: Day					
Lowest Ce	iling: Broken		100	10000 Ft. AGL			lity:	20 SM		Altii	meter:	30.00	"Hg	
Temperatu	ıre: 26 °C	Dew Point:	,	16 °C	Wind	Direction:	60		Density Altitude: Ft.					
Wind Spee	ed: 18	Gusts:			Weat	her Condti	ions at Accid	lent Si	Site: Visual Conditions					
Visibility (F	RVR): 0 Ft	. Visibilit	y (RVV)	0	SM	Intensity	of Precipita	ation: (	Unknown					
Restriction	s to Visibility: None													
Type of Pro	ecipitation: None													
Accident	Information													
Aircraft Da	mage: Substantial		Airo	Aircraft Fire: None					Aircraft Exp	losio	n In-flight			
Classificati	on: U.S. Registered/l	J.S. Soil												
- Injury Su	mmary Matrix	Fatal	Serious	Minor		None	TOTAL							
First Pi	lot					1	1							
Second	d Pilot					1	1							
Studen	t Pilot													
Flight I	nstructor													
Check	Pilot													
Flight E	Engineer													
Cabin A	Attendants	1				2	3							
Other C	Crew													
Passer	ngers		7		57	26	90							
- TOTAL A	ABOARD -	1	7	1	57	30	95							
Other 0	Ground	0	C		0		0							
- GRANE	TOTAL -	1	7		57	30	95							

National Transportation Safety Board

## FACTUAL REPORT AVIATION

NTSB ID: DCA88MA054

Occurrence Date: 04/28/1988

Occurrence Type: Accident

	Information	

Investigator-In-Charge (IIC)

BARRY L. TROTTER

Additional Persons Participating in This Accident/Incident Investigation:

GEORGE BARNES ALOHA AIRLINES HONOLULU, HI 96820